




CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 2, 2005.


Irina Nikolova

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: August 2, 2005

Anderson et al.

Confirmation No: 1500

Serial No: 09/526,262

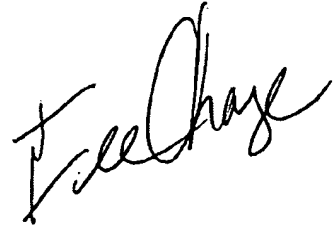
Group Art Unit: 2623

Filed: March 16, 2000

Examiner: Bali, V.

For: METHOD AND SYSTEM FOR PROVIDING A PHOTO ALBUM TO A
USER OF A DIGITAL IMAGING DEVICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



AMENDMENT

Sir:

In response to the Office Action dated April 22, 2005, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

08/10/2005 BPHOENIX 00000002 022120 09526262

01 FC:1201 200.00 DA

Adjustment Date: 11/08/2005 SDIRETA1
08/10/2005 BPHOENIX 00000002 022120 09526262
01 FC:1201 200.00 CR

BEST AVAILABLE COPY

SAWYER LAW GROUP, LLP
2465 E. Bayshore Rd., Suite 406
Palo Alto, CA 94303
Phone: (650) 493-4540
Fax (650) 493-4549

PAID
105 173 03 01 01 00
US PATENT & TRADEMARK
OFFICE

FACSIMILE TRANSMITTAL

Date: 09/23/05
To: PTO Deposit Account Branch
Fax Number: 571-273-6500
Phone Number: 571-272-6500
From: Barbara Krause, Accounting
Re: Deposit Account No. 02-2120

This is page 1 of 9 pages.

Please find attached the following documentation regarding the 08/10/05 charge to our deposit account in the amount of \$200 for Fee Code No. 1201, Independent claims in excess of three, for our client docket No. Flash.1588P, Serial No. 09/526,262:

- Copy of August 2005 Deposit Account Statement
- Copy of Claim/Fee Calculation Sheet
- Copy of Transmittal Sheets:
 - o 03/16/00 - Total Claims = 37, 2 Indep; paid for 17 @ \$18/claim = \$306 [Ck #1072]
 - o 03/10/03 - Total Claims = 37, 4 Indep; paid for 1 Indep @ \$84/claim = \$84 [Ck #5127]
 - o 09/17/03 - Total Claims = 38, 5 Indep; paid for 1 @ \$18 & 1 Indep @ \$84 = \$212 [Ck #6520]
 - o 04/14/04 - Total Claims = 38, 5 Indep; Indep claims amended; no changes made
 - o 09/30/04 - Total Claims = 38, 5 Indep; no changes made
 - o 08/02/05 - Total Claims = 38, 5 Indep; Indep claim amended; no change made

Please explain why you have charged our account the \$200 claim fee.

Please change the Attention name on our monthly statements to Barbara Krause, and remove Kathy Leong's name. Kathy has not been with our firm since January 2001. Previous requests for this same change have been unsuccessful and we would appreciate either getting the change made or being directed to the proper department to take care of it.

I can be contacted by email at Barbara@sawyerlawgroup.com or by phone at (650) 475-1446. Thank you.

CONFIDENTIALITY NOTE:

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Deposit Account Statement

Page 1 of 1


**United States
Patent and
Trademark Office**

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USPTO
Home
Page
Finance
Online
Shopping
Page

Deposit Account Statement**Requested Statement Month:**

August 2005

Deposit Account Number:

022120

Name:

SAWYER LAW GROUP LLP

Attention:ATTN: KATHY LEONG *BARBARA***Address:**P.O. BOX 51418 *KRAUSE***City:**

PALO ALTO

State:

CA

Zip:

94303

Country:

UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
08/01	24	E-REPLENISHMENT		9203	-\$1,000.00	\$1,537.00
08/10	2	09526262	FLASH	1201	\$200.00	\$1,337.00
08/12	207	11043648	3446P	8021	\$40.00	\$1,297.00
08/12	211	11043669	3455P	8021	\$40.00	\$1,257.00
08/17	71	11114327	P3817US1/3552P	1051	\$130.00	\$1,127.00
08/22	11	10739815	22439/3027P	2253	\$510.00	\$617.00
08/22	152	11117907		8021	\$40.00	\$577.00
		START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE	
		\$537.00	\$960.00	\$1,000.00	\$577.00	

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<https://ramps.uspto.gov/eram/Controller.js?sessionid=ramps-10300-3bc1%3A430bd3bf%3A...> 8/23/2005

Claim/Fee Calculation Sheet

Docket No.: 1500P

Serial No: 09/526,262

Filing Date: 5-16-00

Claim No.	As Filed	Amended Date	Amended Date	Amended Date	As Filed	Amended Date	Amended Date	Amended Date
1.	0/100	0/100	0/110	0/120	0/100	0/100	0/100	0/100
2.	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
3.	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
4.	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
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45.	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
Total Independent	2	4	5	5	9	9		
Total Dependent	35	33	33	33	33	33		
Total Claims	37	37	38	38	38	38		

A Amended C Cancelled I Independent A/I Amended/Independent
W Withdrawn /s Dependent (on claim(s)) A/A Amended/Dependent (on claim(s))

ps-126228

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

Agency Check: 1588P-P194
PATENT

Sir:

Transmitted herewith for filing is the Patent Application of

Inventor(s): **Eric C. Anderson and Stephen D. Saylor**

For: **METHOD AND SYSTEM FOR PROVIDING A PHOTO ALBUM TO A USER OF A DIGITAL IMAGING DEVICE**

Enclosed with the Patent Application are:

- ☒ Nine (9) sheets of Drawings
- ☒ Declaration and Power of Attorney
- ☒ Assignment and Recordation Form
- ☒ Information Disclosure Statement (PTO Form 1449)
- ☐ A certified copy of a _____ application
- ☒ Self Addressed, Stamped Postcard

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 590.00
TOTAL CLAIMS				
	37 - 20 =	17	x 18 =	\$ 306.00
INDEP. CLAIMS				
	2 - 3 =	0	x 78 =	\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED			+250 =	\$ 0.00
			TOTAL	\$ 996.00

*If the difference in Col. 1 is less than "0", enter "0" in Col. 2

- ☒ Check No. 1072 in the amount of \$ 996.00 is enclosed for payment of filing fees. The Commissioner is hereby authorized to charge any additional fees required to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

Respectfully submitted,

SAWYER LAW GROUP LLP
P.O. Box 51418
Falo Alto, California 94303
(650) 493-4540

Stephen G. Sullivan
Attorney for Applicants
Reg. No.: 38,329

EXPRESS MAIL CERTIFICATE: **EL547854371US**

I hereby certify that the above paper(s) is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 as March 16, 2000, and is addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231. "Express Mail" no.: EL547854371US Signature of Person mailing paper(s):

Stephen G. Sullivan

PAY TO THE ORDER OF Commissioner of Patents and Trademarks **\$ 996.00**

Nine hundred, ninety-six dollars and NO/100

MEMO New App. Fee - 1588P/Flash

001072 116211007821 0060050127

TRANSMITTAL FORM	Attorney Docket No. 1588P/114
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In re the application Anderson, et al.

Date: March 16, 2003

Serial No: 08/526,282

Group Art Unit: 2623

Filed: March 16, 2000

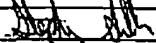
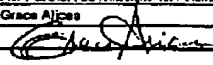
Examiner: Dastouri, Mehrdad

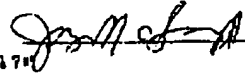
For: Method and System for Providing A Photo Album To A User Of A Digital Imaging Device

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Assignment and Recordation Copy Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Part B-Issue Fee Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Information disclosure statement	<input type="checkbox"/> Letter to Draftsman	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Form 1449	<input type="checkbox"/> Drawings	<input type="checkbox"/> Status Letter
<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Extension of Time Request *	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Doc	<input type="checkbox"/> Power of Attorney and Revocation of Prior Powers	
<input type="checkbox"/> Response to Incomplete App'n	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u> </u> month(s), from <u> </u> to <u> </u> .	
<input type="checkbox"/> Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	37	37	0	\$18.00	\$ 0.00
Independent Claims	4	3	1	\$84.00	\$ 84.00
				Total Fees	\$ 84.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. 5127 in the amount of \$ 84.00 is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120, (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	March 10, 2003
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 10, 2003	
Type or printed name	Grace A. Jones
Signature	

Sawyer Law Group, LLP 2405 E. Bayshore Road Suite 200 Palo Alto, CA 94303-3223 (650) 432-4540		BANK OF THE WEST CALISTOGA, CA 94015-1707 90-761811	5127 March 10, 2003
PAY TO THE ORDER OF Commissioner of Patents and Trademarks		\$ 84.00	
Eighty-four and 00/100		DOLLARS	
MEMO: IPAC - Excess Claims Fees - 1588P			
⑈05627⑈ ⑆121100782⑆ 00600501⑈			

TRANSMITTAL FORM	Attorney Docket No. P194/588P
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In re the application ANDERSON, et al.

Confirmation No: 1500

Serial No: 09/526,262

Group Art Unit: 2623

Filed: March 16, 2000

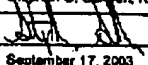
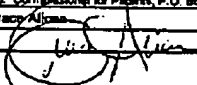
Examiner: Dastouri, Mehrdad

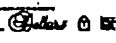
For: Method and System for Providing A Photo Album To A User Of A Digital Imaging Device

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Assignment and Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Part B-Issue Fee Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Information disclosure statement	<input type="checkbox"/> Letter to Draftsman	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Direct Reply, Brief)
<input type="checkbox"/> Form 1449	<input type="checkbox"/> Drawings	<input type="checkbox"/> Status Letter
<input type="checkbox"/> PQ Copies of References	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Postcard
<input checked="" type="checkbox"/> Extension of Time Request *	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Doc	<input type="checkbox"/> Power of Attorney and Revocation of Prior Powers	
<input type="checkbox"/> Response to Incomplete Appin	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one (1) month, from August 26, 2003 to September 30, 2003.	
<input type="checkbox"/> Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	27	1	\$18.00	\$ 18.00
Independent Claims	3	4	1	\$84.00	\$ 84.00
				Total Fees	\$ 102.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. 6520, in the amount of \$ 212.00, is enclosed for payment of fees. One (1) month extension of time fee \$110.00; Excess Claims fee \$102.00
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 36,329
Signature	
Date	September 17, 2003
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage to first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 17, 2003.	
Type or printed name	Grace A. Jones
Signature	

Sawyer Law Group LLP 2405 E. Bayshore Rd., Ste. 406 Palo Alto, CA 94303-3228 (650) 493-4640		BANK OF THE WEST CALISTOGA, CA 94515-1701 90-791211		6520
				September 17, 2003
Pay to the Order of		Commissioner of Patents and Trademarks	\$	212.00
		Two hundred twelve and 00/100		
IPAC - 1 mo. ext/excess claims fee - 1588P/P194				
⑈005520⑈ ⑆1121100782⑆ 006005017⑆				

Docket No: P194/588P	Date: September 17, 2003
Serial No: 09/526,262	Filed: 3/16/2000
Inventor(s): ANDERSON, et al.	
Title: Method and System for Providing A Photo Album To A User Of A Digital Imaging Device	

TRANSMITTAL FORM

Attorney Docket No.

P194

1588P

In re the application Eric ANDERSON, et al.

Confirmation No: 1500

Serial No: 09/526,282

Group Art Unit 2623

Filed: March 16, 2000

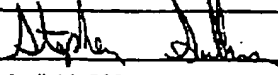
Examiner: Dastouri, Mehrdad

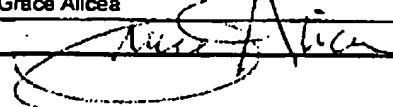
For: METHOD AND SYSTEM FOR PROVIDING A PHOTO ALBUM TO A USER OF A DIGITAL IMAGING DEVICE

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Apptn	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input type="checkbox"/>		<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/>		<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>		<input type="checkbox"/>	Other Enclosure(s) (please identify below):

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	38	0	\$18.00	\$ 0.00
Independent Claims	5	5	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	April 14, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 14, 2004	
Type or printed name	Grace Alicea
Signature	

TRANSMITTAL FORM

Attorney Docket No.

P184

1588P

In re the application Eric C. ANDERSON, et al.

Confirmation No: 1500

Serial No: 09/526,282

Group Art Unit: 2623

Filed: March 16, 2000

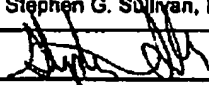
Examiner: Dastouri, Mehrdad

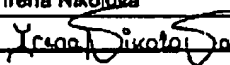
For: Method and System for Providing A Photo Album To A User Of A Digital Imaging Device

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	38	0	\$18.00	\$ 0.00
Independent Claims	5	5	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	September 30, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 30, 2004	
Type or printed name	Irena Nikolova
Signature	

TRANSMITTAL FORM

Attorney Docket No.

P194/1588P

In re the application Anderson, et al.

Confirmation No: 1500

Serial No: 09/526,262

Group Art Unit: 2623

Filed: March 16, 2000

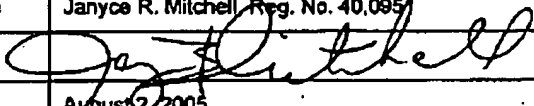
Examiner: Ball, V.

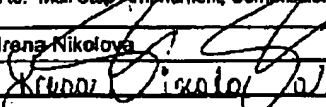
For: Method and System for Providing A Photo Album To A User Of A Digital Imaging Device

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u> , from <u>July 22, 2005 to August 22, 2005</u> .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	38	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>8892</u> in the amount of \$ <u>120.00</u> is enclosed for payment of one month extension of time fee.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	
Date	August 2, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 2, 2005	
Type or printed name	Irena Nikolova
Signature	

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